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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH				Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				County <u>Marijuana</u> State <u>ARIZONA</u>		State File No. <u>156</u>	
Township <u>Mesa</u> or Village _____				Registered No. <u>78</u>			
City <u>Mesa</u>				No. _____		or _____	
Length of residence in city or town where death occurred <u>25</u> yrs. _____ mos. _____ ds.				How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.		Ward _____	
2. FULL NAME <u>Samuel Lewis Williams</u>				How long in State when death occurred? _____ yrs. _____ mos. _____ ds.		St. _____	
(a) Residence: No. <u>707</u> <u>Mesa</u> (Usual place of abode)				St. _____ Ward _____		If non-resident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Sadie Rigby Williams</u>							
6. DATE OF BIRTH (month, day, and year) <u>Dec 22 1863</u>							
7. AGE		Years <u>70</u>		Months <u>5</u>		Days <u>25</u>	
		If LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>					
		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>New & second hand</u>					
		10. Date deceased last worked at this occupation (month and year) <u>5/29</u>					
		11. Total time (years) spent in this occupation _____					
MOTHER/FATHER		12. BIRTHPLACE (city or town) (state or country) <u>Mayon Co. Ohio</u>					
		13. NAME <u>Elijah Williams</u>					
		14. BIRTHPLACE (city or town) (State or country) <u>not known</u>					
		15. MAIDEN NAME <u>Elizabeth Hunt</u>					
		16. BIRTHPLACE (city or town) (State or country) <u>not known</u>					
		17. INFORMANT <u>Aleida Williams</u> (Address) <u>Mesa Arizona</u>					
		18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa Ariz</u> <u>June 19 1934</u>					
		19. UNDERTAKER <u>M. R. Gibbons</u> (Address) <u>Mesa Ariz</u>					
		20. Filed <u>June 18 1934</u> <u>C. A. Doubleday</u> Registrar					
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) <u>June 17 1934</u>							
22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____							
I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at <u>3:05</u> p.m.							
The principal cause of death and related causes of importance were as follows:							
<u>Dilatation of Heart</u>							
Other contributory causes of importance: <u>Chronic Myocarditis</u>							
Name of operation _____ Date of _____							
What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____							
Where did injury occur? _____ (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place.							
Manner of injury _____							
Nature of injury _____							
24. Was disease or injury in any way related to occupation of deceased? <u>no</u>							
If so, specify _____							
(Signed) <u>W. B. Sharp</u> M. D.							
(Address) <u>Mesa, Ariz.</u>							